Organizations complete only the applicable blocks and attach separate resumes with the names, signatures, titles and qualifications of those persons who would actually perform the authorized functions.

would act	ually perior	m the authorized function	STATEMEN	T OF OUA		ATIONO				
	rtment of T	ransportation		Form Approved OMB-XXXX-XXXX						
		Iministration	(DAN—C		MIR—DER)			. U.S. CITIZEN		
INSTRUC	CTIONS: P	rint or type all entries except		□ Yes □ No						
		middle) OR ORGANIZA			PHONE NUMBER			. SOCIAL SECURITY NO.		
2. ADDR	ESS (Num	ber, street, city, state, ar	nd ZIP code)	IP code)			5	. DATE OF BIRTH		
6. DESIG	SNATION S	OUGHT								
☐ Design	ated Manu	facturing Inspection Rep	resentative (DMIR)							
☐ Design	ated Engir	neering	☐ Structural Engineering			☐ Engine E	ngineering	]		
Representative (DER)			☐ Powerplant Engineering			☐ Propeller	Engineeri	ng		
☐ Company			☐ Systems and Equipment Engineering			☐ Flight Analyst				
□ C	onsultant		☐ Acoustical Engin		☐ Flight Test Pilot					
	nated Airwo		☐ Manufacturing Function(s)			NOTE:				
☐ Organi		signated Airworthiness	☐ Maintenance Function(s)			A separate application must be submitted for manufacturing and maintenance.				
	entative (O		ar which appointment	io oought.						
Applicant	s snall iden	tify specific function(s) for	or wnich appointment	is sought:						
7. EXPER	IENCE RESI	JME FOR NUMBER OF YE	ARS, AS APPROPRIAT	E, PERTINENT TO	O DESIGN	ATION SOUGHT	Γ. (Use add	ditional sheets if necessary)		
Da	tes									
From	То		Employer's Name			Position Title and Duties				
8. EDUC	ATION AN	D TRAINING HIGH SCH	OOL LEVEL AND A	BOVE PERTINE	ENT TO D	ESIGNATION	SOUGHT			
Da From	tes To	Na	me of School			ılum or Study F	Program	n Degrees Received		
9. FAA C	ERTIFICA	TES NOW HELD PERTI	NENT TO DESIGNAT	TION SOUGHT.						
Туре			Certificate No.	Rating			Date Each Rating Issued			
10 EMP	LOVERIS	RECOMMENDATION (	To be considered for Company DEE		DAMP.	DMD ODAR anti-				
		RECOMMENDATION (T	-	Company DER	K, DIVIIK, (	UDAK ONIY)				
		rson identified above be eering Representative	• •	ated Manufactur entative	ring Inspe	ction		nizational Designated Airworthiness esentative		
Date			Primary B	Business Signature						
11. LOCATION WHERE DESIGNEE FUNCTIONS WILL BE PERFORMED (To be completed for DAR only)										
Address Telephone Number										
12. CERTIFICATION: I certify that the above statements are true to the best of my knowledge and that I am familiar with the Federal Aviation Regulations pertinent to the designation sought.										
Date Signature										

13. ACTIO	N RECORE	(For FAA	Use Only)									
Designees	Name/Org	anizationa	I Name		Designation Number							
Date Appli	cant Interv	iewed			Date Certificate of Authority Expires							
Date Refer	ences Veri	fied										
Date Appli	cant Notific	ed			Signature of Approving Authority							
		□Acc	epted $\square$	Denied	- common to approximate of the common of the							
44 DE00	DD OF 4DE	NDOV/AL										
14. RECO				(DAUD)								
_				sentative (DMIR)								
☐ Designat	_	_	☐ Structural		☐ Engine Engineering							
Representative (DER)						□ Propeller Engineering						
				and Equipment Engineering								
☐ Consulta			☐ Acoustica	I Engineering	☐ Flight Test Pilot							
□ Designat				☐ Manufacturing F	unction(s)		NOTE	i:				
-	sentative (D							A separate application must be submitted for				
☐ Organiza		-	vorthiness	☐ Maintenance Fu	nction(s)		manufacturing and maintenance.					
	ntative (OD											
Function(s	s) Authorize	ed (Identify	specific funct	tions authorized inclu	ding any limi	tations)						
15. RECO	RD OF SUE	BSEQUENT	F ACTIONS									
	Туре											
Annual		Cancellation	Name /	Address and Telepho	ne No.	Date Status	of	FAA Official				
Renewal	Address			(If Changed)		Designee						
						Amended						